

Patterson,Robert (HHSC)

From: Braden, Stacey <stacey.braden@tmhp.com> on behalf of Healthy Texas Women <HealthyTexasWomen@tmhp.com>
Sent: Thursday, January 26, 2017 4:27 PM
To: 'twhcaida@gmail.com'
Cc: Panjwani,Sonya (HHSC)
Subject: RE: HTW billing - CRM 29493339000 - unscramble
Attachments: HTW claim.pdf

Hi Aida,

I'm sorry for the delay in responding to you since our phone call on Tuesday. It's been a little hectic. But I truly enjoyed speaking to you and look forward to staying in touch!

I think we're on the same page now with the denied claims below in terms of how some lab codes needed the QW modifier vs some are not payable to your CLIA type; the Lab info needs to appear in the Facility fields; and why the Family Planning Form 2017 is sometimes required now that you're an FP contractor via The Heidi Group (preventive vs family planning services/diagnoses).

If you don't hear back from Lab Corp, let me know and I'll see what I can do to look up their information.

Here is other additional information I promised to send you:

1. [CLIA Waived Test List](#) from CMS

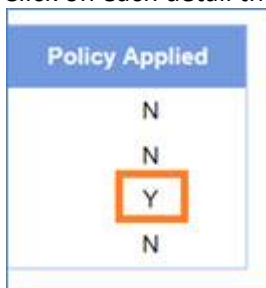
2. [National Correct Coding Initiative \(NCCI\) Information](#)

If you see EOB 05102, it's usually due to NCCI Column I/II rules. **In most cases**, the E/M code is conflicting with an injection or other surgical procedure (example, removal or insertion of LARC) where NCCI says these will be rendered on separate dates of service, unless you utilize **Modifier 25 with the E/M**.

[Information on TMHP.com's Provider Webpages](#)

[Claims Inquiry Tool website](#)

- Insert the ICN # and click Search button
- Look for the Policy Applied Column
- Click on each detail that says Y



- Look for a Decision Point field and CLICK on it. It will be similar to below, but could reference different numbers/reasons depending on the HCPCS code submitted on the claim

Decision Point:	Policy: National Correct Coding Initiative Policy	Policy Reason:	Payer Reason:
4629		CCICC	5030--5071

- The screen after that explain the combination of services on the claim that are considered to be NCCI conflicts. Below is an EXAMPLE.

Policy
Script
This procedure, 87624, was denied because it is a column II procedure to the column I procedure 87800, p is based on the CMS Correct Coding Initiative (CCI).
Rationale:
The CMS Correct Coding Initiative (CCI) has identified column I procedure codes and their associated column II codes based on the principles of correct coding. Services that are considered column II procedures to another column I code are not eligible for reimbursement when billed with the column I procedure code. Procedure code 87624 was denied as a column II code to the column I code 87800 based on the CCI policy 'HCPCS/CPT procedure code definition'.

3. [Texas Medicaid Quick Reference Guide \(QRG\)](#)

Explains ICN logic

Julian Calendar lists Filing deadlines based on Date of Service or Date of Disposition (Date on the R&S in which the ICN appears)

4. [Administrative Appeal Policy](#)

If you appeal the below claims (and others like them) and the original EOBs are corrected, but then you get denials for timely filing, you can follow the process described on page 8.

But please also email me and/or Sonya as well.

Thank you! I hope this helps.

Stacey Braden, MHSM

PR Team Lead

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healthytexaswomen@tmhp.com

From: Braden, Stacey [mailto:stacey.braden@tmhp.com]
Sent: Monday, January 23, 2017 8:58 PM
To: 'twhcaida@gmail.com'
Subject: RE: HTW billing - CRM 29493339000 - unscramble

Great, I have a meeting at 11am, so I will call you at 10am.

Thank you!
Stacey

From: Aida Sus [mailto:twhcaida@gmail.com]
Sent: Monday, January 23, 2017 3:28 PM
To: Healthy Texas Women
Subject: Re: FW: HTW billing - unscramble

Yes I am available...

From: Aida Sus [mailto:twhcaida@gmail.com]
Sent: Tuesday, January 17, 2017 4:34 PM

To: Braden, Stacey
Subject: Re: FW: HTW billing - unscramble

Attached is a copy of a claim that went though. But as you see it states we have no clia and no lab. I have called several times and they always say yes you have those on file. And I re faxed proof twice. I did not sent patient info but did note claim #

Thanks for your help Aida

On Tue, Jan 17, 2017 at 12:48 PM, Aida Sus <twhcaida@gmail.com> wrote:

Do we have an HHSC contract if so when did we enroll?

And I have tried using the tmhp to bill comes back using wrong form, no clia, no lab was paid 1.00 for Depo... When you look in tmhp we have one FP that we are not currently using we are billing under main tpi 156721602 which is the one we have always used. When using TMHP gives 4 choices DFPP-056, TITLE XIX, DSHS PHS, DSHS EPHC I have tried all of them when i get to the end states no clia, no lab wrong form and so on.

One FP for Womens Health Care Center is being used we have a FP grant for that TPI.

And no NueMd does not have the 2017 form we have requested it to be added and they said they could not.

Thanks Aida

On Tue, Jan 17, 2017 at 12:36 PM, Braden, Stacey <stacey.braden@tmhp.com> wrote:
Good morning again Aida,

I was reviewing the claims below and made a few notes. What you indicated about the form is correct. Current policy states that if a provider has an HHSC contract, they will use the Family Planning 2017 to bill for family planning services. This applies whether or not the patient is enrolled under HTW Program 100 or FPP Program 300. For non-fp services (medical, preventive), you may use a CMS 1500.

Unfortunately, if you resubmit the claims below using a 2017, it has to be a New Day claim; it can't be an appeal because of the form change. So I would humbly encourage you to please submit soon to avoid any filing deadlines. It sounds like NueMD has the form in their system for you already. Would they need to modify much, if any, to be able to submit for HTW (TP 68) patients? In the meantime, you can use TexMedConnect (or paper) as well.

Would you want to walk through maybe one submission with me in Tex Med Connect just to test this, to confirm that using the Family Planning 2017 form will allow your claims to adjudicate?

Thank you!

From: Aida Sus [<mailto:twhcaida@gmail.com>]
Sent: Tuesday, December 06, 2016 11:15 AM
To: Laosebikan,Camille (HHSC) <Camille.Laosebikan@hhsc.state.tx.us>; Relph,Kim H (HHSC) <Kim.Relph@hhsc.state.tx.us>
Cc: Sherry Tenison <[REDACTED]>
Subject: HTW billing

Good Morning,

Ms Tenison wanted me to let you know that, we are having problems billing HTW. We have not changed billers or billing company's. We use NueMD billing system. We started getting denials stating that we were using the wrong form our system uses the CMS1500 they are asking that we use the 2017 form.

The only time we use the 2017 form is to bill FP though TMHP and have had no problems.

I have been working with people at TMHP and the Heidi group. But no one has a solution. In speaking to the Heidi group yesterday Carol stated that we are not the only ones in her group who are having problems. So Ms Tenison is concerned that some how her TPI has been mixed up. I hope that we can get this cleared up soon.

Some of the denials say we are missing Clia and Lab info, I have verified with TMHP that everything is current and on file.

Any help or guidance is greatly appreciated.

Please let us know what we need to do.

Here are some examples,

10-28 [REDACTED] / Need to use 2017 form / No other EOBs on the claim

10-17 1 [REDACTED] / Need to use 2017 form / Detail 3 denied because that lab is not payable to a Partial CLIA certification type, which is what TMHP has on file / Detail 4 lab handling denied because there was no laboratory name/NPI listed on the claim / CORRECTION lab service 87210 is payable, it just needs the QW modifier

10-26 [REDACTED] / Need to use 2017 form / Detail 3 denied because that lab is not payable to a Partial CLIA certification type, which is what TMHP has on file / Detail 4 lab service 87210 is payable but needs the QW modifier / Detail 5 lab handling denied because there was no laboratory name/NPI listed on the claim

11-10 [REDACTED] / Need to submit on 2017 and 1 detail denied for missing lab name on the handling fee

11-21 [REDACTED] / Need to use 2017 form / Detail 3 denied because that lab is not payable to a Partial CLIA certification type, which is what TMHP has on file / Detail 4 lab handling denied because there was no laboratory name/NPI listed on the claim / CORRECTION lab service 87210 is payable, it just needs the QW modifier

11-16 [REDACTED] / Need to use 2017 form / No other EOBs on the claim

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Thanks Aida

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Sent secure via TLS.